



## ART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any correction or use Block 1)

7590

12/31/2003

John F Salazar  
Middleton and Reutlinger PSC  
2500 Brown & Williamson Tower  
Louisville, KY 40202

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

<u>Dynamilis</u>	(Depositor's Name)
<u>[Signature]</u>	(Signature)
<u>1/30/2004</u>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/619,793	07/20/2000	Daniel V. Cantrell	BW-406	3645

TITLE OF INVENTION: WRAPPER FOR SMOKING ARTICLE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	03/31/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
WALLS, DIONNE A	1731	131-365000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Charles G. Lamb  
2 John F. Salazar  
3 Middleton Reutlinger

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Brown &amp; Williamson Tobacco Corporation

Louisville, KY

Please check the appropriate assignee category or categories (will not be printed on the patent):

☒ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☐ Publication Fee  
☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.  
☒ Payment by credit card. Form PTO-2036 is attached.  
☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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(Date)

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02/02/2004 JADD02 00000048 09619793

01 FC:1501

1330.00 OP

02 FC:8001

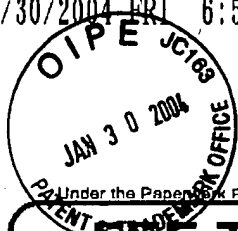
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TRANSMIT THIS FORM WITH FEE(S)

PTOL-R5 (Rev. 11/03) Approved for use through 04/30/2004.

OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE



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Approved for use through 07/31/2006. OMB 0651-0032  
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# **FEE TRANSMITTAL** **for FY 2004**

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$) **\$1360.00**

## **Complete if Known**

Application Number 09/619,793  
Filing Date 07/20/2000  
First Named Inventor CANTRELL  
Examiner Name WALLS  
Art Unit 1731  
Attorney Docket No. BW-406-1

## **METHOD OF PAYMENT (check all that apply)**

☐ Check ☒ Credit card ☐ Money Order ☐ Other ☐ None

☐ Deposit Account:

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Deposit Account Name

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## **FEE CALCULATION**

### **1. BASIC FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
<b>SUBTOTAL (1)</b>			<b>(\$) 0</b>

### **2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent	-20** =	X	
Multiple Dependent	-3** =	X	

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2)** (\$) **0**

\*\*or number previously paid, if greater; For Reissues, see above

## **FEE CALCULATION (continued)**

### **3. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for <i>ex parte</i> reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 420	2252 210	Extension for reply within second month	
1253 950	2253 475	Extension for reply within third month	
1254 1,480	2254 740	Extension for reply within fourth month	
1255 2,010	2255 1,005	Extension for reply within fifth month	
1401 330	2401 165	Notice of Appeal	
1402 330	2402 165	Filing a brief in support of an appeal	
1403 290	2403 145	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,330	2453 665	Petition to revive - unintentional	
1501 1,330	2501 665	Utility issue fee (or reissue)	1330.00
1502 480	2502 240	Design issue fee	
1503 640	2503 320	Plant issue fee	
1460 130	1460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 770	2809 385	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 770	2810 385	For each additional invention to be examined (37 CFR 1.129(b))	
1801 770	2801 385	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	
Other fee (specify) <u>(10) Black &amp; white copies</u>			30.00
<b>SUBTOTAL (3)</b>			<b>(\$) 1360.00</b>

\*Reduced by Basic Filing Fee Paid

## **SUBMITTED BY**

Name (Print/Type) **JOHN F. SALAZAR**

Signature

Registration No. (Attorney/Agent)

39,353

(Complete if applicable)

Telephone **(502) 584-1135**

Date

01/30/2004

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Middleton & Reutlinger  
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Louisville, Kentucky 40202-3410

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**FROM:** John F. Salazar, Reg. No. 39,353      **Date:** January 29, 2004  
(faxed by Lynn Minton, Paralegal)

**TO:** U.S. Patent and Trademark Office  
Fax #703-746-4000

**Re:** Issue fee payment for U.S. Patent Application No. 09/619,793

**PAGES:** 5 in total

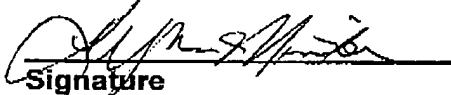
This facsimile is in response to the Notice of Allowance, mailed on December 31, 2003.

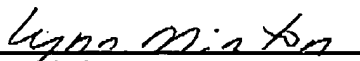
1. Issue Fee Transmittal Form;
2. Transmittal Form;
3. Fee Transmittal Form;
4. Credit Card Payment Form – PTO-2038.

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**CERTIFICATE OF TRANSMISSION UNDER 37 CFR §1.8**

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01/30/2004 FRI 6:58 FAX 502 561 0442 Middleton Reutlinger 24

002/005

PTO/SB/21 (08-03)

Approved for use through 08/30/2003, OMB 0651-0031

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Application Number	09/619,793
Filing Date	07/20/2000
First Named Inventor	CANTRELL
Art Unit	1731
Examiner Name	WALLS
Attorney Docket Number	BW-406-1

Total Number of Pages in This Submission

**ENCLOSURES (Check all that apply)**

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Response to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication<br>to Technology Center (TC)<br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please<br>Identify below):<br>ISSUE FEE TRANSMITTAL FORM;<br>FACSIMILE TRANSMITTAL FORM |
|--|--|--|

Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	JOHN F. SALAZAR, REG. NO. 39,353
Signature	
Date	01/30/2004

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Typed or printed name	LYNN MINTON
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Signature

Date	01/30/2004
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